



Community Policing to Combat Domestic Violence

Final Report

Office of Community Oriented Policing Services
U.S. Department of Justice

Place l.e. label here.

Name of Department Representative Completing this Report:

_____ **Title** _____

Place partner label
here.

Name of Partner Representative Contributing to this Report:

_____ **Title** _____

The Community Policing to Combat Domestic Violence Program Progress Report has been designed to capture the actual accomplishments of each grant funded project, as compared to the originally proposed goals and objectives. While it is the responsibility of the lead agency (the law enforcement agency) to submit this report, successful completion will require the input, review and signature of both law enforcement and partnering agency representatives. In addition, the collaboration questions should be completed by each agency and submitted separately from this report.

The progress report must be returned to the COPS Office DV Control Desk, 5th floor, 1100 Vermont Avenue, NW, Washington, DC 20530 by close of business, July 17, 1998.

To further support answers to questions, please include media clippings, brochures, flyers, surveys, or other relevant materials with this progress report.

1. The official start date for the COPS Community Policing to Combat Domestic Violence grant was June 1, 1996. On what date did your project implementation actually begin? _____.

2. Your grant was for the category area of:

☐ **Training** ☐ **Problem Solving** ☐ **Organizational Change**

3. For each of the personnel/positions that were funded under your grant, please provide the following information:

	<u>Date Hired</u>	<u>Agency employee or Contractual</u>	<u>Still Employed</u>		<u>Supervising Agency</u>
<input type="checkbox"/> D.V. officer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> D.V. officer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Computer programmer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> D.V. Detective	___/___/___A	C	Y	N	_____
<input type="checkbox"/> D.V. Detective	___/___/___A	C	Y	N	_____
<input type="checkbox"/> D.V. Investigator	___/___/___A	C	Y	N	_____
<input type="checkbox"/> D.V. Investigator	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Victim Advocate	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Victim Advocate	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Trainer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Trainer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Prosecutor	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Legal Services attorney	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Social Worker	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Social Worker	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Community organizer	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Health Care Provider	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Psychologist	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Project Evaluator	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Child care provider	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Other: _____	___/___/___A	C	Y	N	_____
<input type="checkbox"/> Other: _____	___/___/___A	C	Y	N	_____

4. Which of the above positions, if any, will be discontinued when the COPS Community Policing to Combat Domestic Violence grant program is completed? Why?

5a. Have all approved overtime hours been used to date?

Yes No Not Applicable

If no, how many hours of overtime funding remain? _____

5b. How were these overtime hours used?

6. Were funds allocated for travel used to attend a non-COPS sponsored community policing training or conference on domestic violence?

Yes No

If yes, please indicate the name, location and date of the conference or training:

<u>Name of Conference</u>	<u>Location</u>	<u>Date(s)</u>	<u>Who attended and agency represented</u>
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a. _____	_____	____/____/____ to _____ ____/____/____	_____
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b. _____	_____	____/____/____ to _____ ____/____/____	_____
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7. Were funds allocated for travel used to attend a COPS sponsored Community Policing to Combat Domestic Violence Training Conference?

Yes No

If yes, please indicate the location of the COPS sponsored Conference and indicate who attended:

Location:

**Tampa, FL
San Diego, CA
Phoenix, AZ
Boston, MA**

Representative:

**Law Enforcement Representative
Partnering Agency Representative
Other:
Other:**

8. a. Were funds allocated for travel used to visit another jurisdiction engaged in model approaches to community oriented policing/domestic violence programs?

Yes No

b. If yes, please indicate the name of the jurisdiction you visited, date of visit, and who participated in the visit (law enforcement, partnering agency or both)? Please summarize what took place during the site visit.

9. Using space below, please list all equipment items and supplies approved under the grant. For each, indicate the date purchased and what agency was the primary user of the

item. If the item has not yet been purchased, please provide the anticipated date of purchase:

<u>Item</u>	<u>Purchase Date</u>	<u>Primary user</u> (Law enforcement or Partner)
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

10. How frequently did representatives of the law enforcement and partnering agencies meet during the planning stages of this grant?

daily
weekly
monthly

less than once a month
did not meet with partner

11. How frequently did representatives of your agency and your partnering agency meet during the implementation of the grant?

daily
weekly
monthly

less than once a month
have not yet met with partner

12. Please indicate which representatives of the community were consulted in the development and implementation of the domestic violence grant project?

Battered Women's Treatment Centers
Health Care Providers
Victim's Advocates
Judges
Department of Probation
Humane Society/SPCA
Private attorneys
Schools

Social Services
Educators
Business community
Insurance Providers
Religious Affiliations
Prosecutors
Other _____
Other _____

13. Did the law enforcement and/or partnering agency attempt to inform the public of the grant funded initiative?

Yes

No

If yes, what medium was used?

Newsletter Article

Web Site

Announcement at Community Meeting

Brochures

News Coverage (Newspaper __, Radio __, Television __)

Other _____

14.a As a result of the grant, has the law enforcement agency enhanced its emphasis on using problem-solving techniques to address the problem of domestic violence?

Yes

No

b. Please explain:

15. Please check the appropriate boxes indicating the domestic violence related community policing activities that have increased in the law enforcement agency as a result of this grant and provide a brief explanation. Please check any/all that apply.

Looking at repeat calls for service to identify and improve response to domestic violence.

Utilizing new technology or equipment to combat domestic violence.

Creating a homicide review board for domestic violence homicides.

Creating a lethality assessment tool.

Training citizens on law enforcement's role in combating domestic violence.

Training citizens on the partnering agency's role in combating domestic violence.

Forging new partnerships with the community that did not exist prior to the grant.

Reorganizing the law enforcement department or the partnering agency to better combat violence against women.

Other

16.a. For each of the applicable categories, please check the appropriate boxes below, indicating the number of hours of training provided, and the number of individuals who have received training for each category.

NO TRAINING OCCURRED UNDER THIS GRANT

	<u>Total Hours</u>	<u>Total # Trained</u>
Academy Recruits	_____	_____
Sworn Officers (patrol)	_____	_____
Sworn Officers (mid-mgmt)	_____	_____
Sworn Officers (executive)	_____	_____
Civilian Personnel	_____	_____
Victim Advocates	_____	_____
Legal Advocates	_____	_____
Community Groups	_____	_____
Health care Providers	_____	_____
Other _____	_____	_____
Other _____	_____	_____

b. Was any of this training state mandated? If so, describe?

c. Please check the appropriate boxes that best describe who provided the training under this grant:

For example:

TRAINERS

TRAINEES

Increased law enforcement or partnering agency understanding of law enforcement's role in addressing domestic violence. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increased law enforcement or partnering agency understanding of advocate's role in addressing domestic violence. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increased understanding of the nature and role of a coordinated community response to domestic violence. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increase or decrease in the issuance of restraining orders. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Development of new and innovative local or state policies aimed towards the prevention of violence against women. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increased rate of successful prosecution of domestic violence cases. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Law enforcement and partnering agency are now able to reach populations

traditionally underserved. (e.g. elderly, campus, gay/lesbian, tribal, rural)

Please describe this outcome and explain what tools of assessment were used to measure this outcome?

The development of uniform collection of data through the creation or revision of a domestic violence crime report. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increased victim satisfaction of case processing. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Improvement in the quality of victim/witness interviews. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Improvement in the quality of evidence collection. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Ability to determine primary aggressor more easily. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Reduction in domestic violence homicides. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Reduction in repeat calls for service. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

The development of a formal communications mechanism to disseminate information among agencies participating in the grant project. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

Increased decision-making authority on handling domestic violence calls was given to first responding officers. Please describe this outcome and explain what tools of assessment were used to measure this outcome?

A Domestic Violence Unit was established. Please describe this outcome and explain what tools of assessment were used to measure its effect?

A change in the organizational structure of the partnering agency as a result of its coordinated efforts with the law enforcement agency. Please describe this outcome and explain what tools of assessment were used to measure its effect?

Other

20. Have any products been produced as a result of your grant project?

Yes

No

If possible, please provide the COPS Office with a summary or a copy of the brochure, curricula, operating procedure, etc.

21. Has your agency obtained local resources to continue you Community Policing to Combat Domestic Violence project?

Yes

No

Paperwork Reduction Act Notice-

OMB Approval Pending. The public reporting burden for this collection of information is estimated to be up to 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

**Community Policing to Combat Domestic Violence
Final Progress Report**

I certify that this information is true and correct to the best of my knowledge.

**Signature of person completing progress report
from Law Enforcement Agency**

Date

**Signature of person completing progress report
from Partnering Agency**

Date

The progress report must be returned to the COPS Office DV Control Desk, 5th floor, 1100 Vermont Avenue, NW, Washington, DC 20530 by close of business, July 17, 1998. Please do

not forget to separate the following two pages and complete them independently and forward to the COPS Office under separate cover.

COLLABORATION INFORMATION

This should be detached, completed by the Law Enforcement agency, and submitted separately from the entire report.

Please feel free to attach additional sheets and mail this to COPS/DV, 5th floor, 1100 Vermont Ave, NW Washington DC 20530 by July 17, 1998.

Name of Law Enforcement agency _____ State _____

Name Victim Service-Nonprofit partner _____ State _____

How would you describe your agency's understanding of your partnering agency's organizational strengths and limitations as compared to before grant implementation?

Improved Understanding

Same Level of Understanding

Please circle the number below that best describes the current relationship between the law enforcement and partnering agency under this grant:

Very Positive Positive Neutral Negative Very Negative

1

2

3

4

5

Please describe any successes or set backs that you encountered by collaborating on this project with a non-profit agency.

After this partnering experience, what, if anything, would you change if you had to enter into another memorandum of understanding again for a grant?

Law enforcement representative who completed this page _____ Signature _____

COLLABORATION INFORMATION

This should be detached, completed by the NON-PROFIT PARTNER, and submitted separately from the entire report.

Please feel free to attach additional sheets and mail this to COPS/DV, 5th floor, 1100 Vermont Ave, NW Washington DC 20530 by July 17, 1998.

Name of Law Enforcement agency _____ State _____

Name Victim Service-Nonprofit partner _____ State _____

How would you describe your agency's understanding of your law enforcement partnering agency's organizational strengths and limitations as compared to before grant implementation?

Improved Understanding

Same Level of Understanding

Please circle the number below that best describes the current relationship between the law enforcement and partnering agency under this grant:

Very Positive Positive Neutral Negative Very Negative

1

2

3

4

5

Please describe any successes or set backs that you encountered by collaborating on this project with a law enforcement agency.

After this partnering experience, what, if anything, would you change if you had to enter into another memorandum of understanding again for a grant?

Non-profit partner representative who completed this page_____Signature_____